Revision: HCFA-PM-91-

(BPD)

ATTACHMENT 2.2-A Page 20

100051 1371

State: MINNESOTA

OMB NO.: 0938-

Agency*

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

13.

/X/

Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a firstitution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

14.

- mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1</u> to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u>:
 - a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

TN No. 91-26 Approval Date 1-29-92 Effective Date 10/01/91
Supersedes
TN No. 90-20 (57-44, 88-64, 87-27, 87-42)
TN No. 90-20 (57-44, 88-64, 87-27, 87-42)

the second second

Revision: HCFA-PM-91-

HCFA-PM-91-→ (F AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 21

OMB NO.: 0938-

State: MINNESOTA

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) /X/ (10)(A) (ii)(IX) and 1902(1)(1) (D) of the Act 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained 19 years of age.

—7 years of age; or

__/ 8 years of age.

TN No. 91-26	Approval Date	1-29-92	Effective	Date	10/01/91
Supersedes	r2.				
TN No.	•	HCFA TD:	7983E		

Revision: HCFA-PM-91-

(BPD)

ATTACHMENT 2.2-A

Page 22

OMB NO.: 0938-

AUGUST 1991

State: MINNESOTA

Agency*

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) // (ii)(X) and 1902(m) (1) and (3) of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act.

 Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

Act of the second

IN No. 91-26	Approval D	Date 1-29-92	Effective	Date 10/01/91	_
Supersedes IN No. 87-27	1.2				
IN No. 87-27		HCFA	ID: 7983E		

Revision: HCFA-PM-92-1

(MB)

ATTACHMENT 2.2-A

FEBRUARY 1992

Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MINNESOTA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(A)(47) and 1920 of the Act

17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <a href="https://doi.org/10.1001/html.nc.nlm.nc.

Revision: HCFA-PM-91-8 October 1991 (MB)

ATTACHMENT 2.2-A
Page 23a
OMB No.:

MINNESOTA

Citation

Condition or Requirement

B. Optional Groups Other than the Medically Needy (continued)

§1906 of the Act

[] 18.

Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of ____ months.

§1902(a)(10)(F) and §1902(u)(1) of the Act [] 19.

Individuals entitled to elect COBRA continuation coverage and whose income as determined under §1602 of the Act for purposes of the SSI program, is no more than 100% of the Federal poverty level, whose resources are no more than twice the SSI resource list for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 95-38
Supersedes
TN No. --

Approval Date: 2-9-96 Effective Date: 10/01/95

Approval Date: 2772 Effective Date: 277272

ATTACHMENT 2.2-A Revision: HCFA-PM-February Page 23b State: MINNESOTA Citation Groups Covered B. Optional Coverage Other than the Medically Needy (Continued) 1902(a)(10)(A) X19. Optional Targeted Low-Income Children, who: (ii)(XIV) of the a. are not eligible for Medicaid under any other optionsl or mandatory Act group or eligible as medically needy (without spenddown liability); b. Would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(1)(2)(D); c. Are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;

d. Have family income at or below: 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children under age 2 described above, with family income which is at or below 280% of the Federal poverty level, but greater than the income level for poverty level infants under the age of one in the Medicaid State plan established by 1902(r)(2) methodology (185% of federal poverty as specified in Supplement 1 to Attachment 2.6-A, and with additional disregards to equal 275% of federal poverty as specified in Supplement 8a to Attachment 2.6-A, page 2), and made applicable to children under the age of two by the 1115 Minnesota Health Care Reform Waiver, approved 4/27/95. The following reasonable classifications of children described above who are under age (18,19) with family income at or below the percent of the Federal poverty level specified for the classification:

Effective Date 9/30/98

TN No. 98-16		JUL 29	TOOR
Supersedes	Approval Date		
TN No. <u>N/A</u>			

Revision: HCFA-PM- (BPD)

ATTACHMENT 2.2-A Page 23c OMB NO.:

State: MINNESOTA

Agency* Citation(s) Groups Covered

X 20.

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A) (ii)(XIII) of the Act Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

TN No. 99-07
Supersedes

TN No. NEW

Approval Date 9-27-99

Effective Date __7/1/99

HCFA ID:

Revision:

HCFA-PM-91- 4

(BPD)

ATTACHMENT 2.2-A

Page 24

OMB NO.: 0938-

AUGUST 1991

State: MINNESOTA

Agency* Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

- 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
- 1902(a)(10) (C)(ii)(I)of the Act
- 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.



TN No. 91-26

Approval Date _________ Effective Date 10/01/91

Supersedes

TN No. 87-27 (86-114)

HCFA ID: 7983E

Revision:	HCFA-PM-91 AUGUST 199	- / (BPD) 1		ATTACHMENT 2.2-A Page 25 OMB NO.: 0938-
	State:	MINNESOTA		
Agency*	Citation(s)		Groups Covered	
	c.	Optional Coverage	of Medically Need	y (Continued)
1902(e the Ac)(4) of t	October 1, 198 as medically n Medicaid on th is deemed to h Medicaid on th for one year s	ave applied and be the date of birth and to long as the woma	s eligible ing d's birth. The child en found eligible for d remains eligible
42 CFR	435.308	describe under thX 21 20 19 18 st) B or under age 19 W	above and who are ho are full-time ary school or in the
		eligible	ole classifications e individuals under 18 as specified bel	the ages of 21, 20,
		as	ndividuals for whom ssuming full or par esponsibility and w	
		(a)	In foster homes (of).	and are under the age
		(b)	In private instit	utions (and are under .
		and the second process of	: A W	
-		****	Ca Effortis	ve Date <u>10/01/91</u>
TN No. 91 Supersede TN No	s ,	proval Date 1-29	HCFA ID: 7983E	Jace <u>Luivilia</u>

Revision:	HCFA-PM-91- #AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 25a OMB NO.: 0938-
	State:M	NNESOTA	
Agency*	Citation(s)		Groups Covered
	C. Opti	ional Cover	age of Medically Needy (Continued)
		(c	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
	-	(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
	-	(3)	Individuals in NFs (who are under the age of). NF services are provided under this plan.
	-	(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
	-	(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
	-	(6)	Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A .
TN No. 91-	- 2C Approve	al Date /	Effective Date 10/01/91

TN No. 91-26 Approval Date 1-29-92 Effective Date 10/01/91

Supersedes
TN No. 86-114 HCFA ID: 7983E